

especially as transcontinental and transoceanic transport of pollutants come into play. Source-based assessments may help, but we need a better understanding of atmospheric transformation that may result in formation of PM with unclear health impacts. New epidemiological and toxicological tools or strategies are needed.

The 21st century presents a set of new and complex challenges to the air science community, requiring systems approaches and holistic solutions. It is clear that climate change is happening and that there is a significant anthropogenic contribution based on the consensus of 97% of climate scientists. Because air quality and climate are inextricably linked, most sources emit contaminants that impact both the levels of traditional air pollutants and the set of climate “forcers” (carbon dioxide, methane, black carbon, and others) now of great concern. Furthermore, the interrelationship between climate and air quality is highly dynamic. On one hand, air quality is dramatically influenced by climate parameters; for example, higher temperature and altered constituents can increase ozone in some locales. On the other hand, climate-induced changes in the atmosphere, such as increased ozone, are climate forcings. Thus, with the changing landscape of energy options and their varied contributions to the mix of ambient air constituents, it is incumbent that the broad science community approaches the complex issue of air/climate in a holistic manner. Solving 21st-century air pollution and climate problems will require not only heightened awareness of this interplay but also an unprecedented level of cooperation among everyone in the broad science community. Twenty-first century teams need expertise in forecast modeling, adaptation, health and environmental risk assessment, control technologies, and of course the decision and social sciences in developing prevention or intervention strategies.

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Editor's Note

EHP Chinese Edition

Ten years ago, *Environmental Health Perspectives (EHP)* launched a Chinese edition of the journal to be published quarterly. *EHP* Chinese Edition consists of selected news articles taken from the English version of the journal and translated into Chinese, as well as editorials and commentaries. In 2004 *EHP* teamed up with the Shanghai Municipal Center for Disease Control and Prevention (SCDC) to distribute print issues of *EHP* Chinese Edition to some 30,000 subscribers in China, Taiwan, Hong Kong, and Singapore. We have been encouraged by the fact that interest in *EHP* Chinese Edition from students, researchers, and policy makers has grown significantly over the past several years. In response, a digital version of *EHP* Chinese Edition



was launched in 2010 to make it available to more readers. A decision was also made to publish *EHP* Chinese Edition bimonthly starting in February of this year. In addition, a new Editorial Review Board was formed to help evaluate content in the journal and develop strategic goals and objectives for future growth. We are excited about the opportunity to strengthen our collaboration with the SCDC and provide *EHP* Chinese Edition on a more frequent basis to the Chinese-speaking community.